TD-11 (8/02) Michigan State Police

TRAINING DIVISION ENROLLMENT FORM

MAIL INQUIRIES TO:

MSP Student Enrollment 7426 North Canal Road Lansing, Michigan 48913 Training Division TX: (517) 322-1200

FAX: (517) 322-6363

PLEASE PRINT	
Program Title	Program Date or Preferred Training Month
Advanced Narcotics School	
Student's Name (Rank, Last, First, MI)	Student's Social Security Number*
Department and Departmental ORI Number	Department Size
	Under 25 25-50 50-100
Street Address, City, State, Zip code	Area Code and Phone Number
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	()
Student's MCOLES Number (REQUIRED)	Area Code and FAX Number
Student's MCOLES Number (REQUIRED)	Area Code and FAX Number
THIS IS A REQUIRED FIELD	` '
Supervisor/Contact Person	Contact Person's Area Code and Phone Number
	()
Lodging information	
Check if you require lodging	Male* Female*
Check if you require lodging the night before program starts	
All tuition costs are calculated on a per/student basis. Costs for students program. If students require earlier lodging due to travel time we will	dent's lodging at the Academy are based on arrival the first day of the Il make the necessary arrangements for an additional charge.
	HOULD OCCUR 7 WORKING DAYS before the training course d the full training amount. Failure to cancel or "NO SHOW" will be ithin the department.
PRECISION DRIVING LINIT CANCELLATION POLICY: Cancella	tion should occur 2 weeks before the scheduled program begins

PRECISION DRIVING UNIT CANCELLATION POLICY: Cancellation should occur 2 weeks before the scheduled program begins. Failure to cancel or "NO SHOW" will be charged the full training fee (even if tuition was to be originally paid through a grant).

Class sizes are limited and registrations are accepted on a first come, first served basis. You will be notified 2-4 weeks in advance of your scheduled class.

A violation of any academy or range rule will be grounds for immediate dismissal from a program. Should a dismissal be necessary, there will be no refund of the participant's tuition.

DO NOT INCLUDE YOUR TUITION MONEY WITH THIS ENROLLMENT FORM. YOU WILL BE SENT AN INVOICE AT A LATER DATE.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

MSP STUDENTS MUST COMPLETE THE FOLLOWING:	
Index	P.C.A.
Signature of Authorizing Person (Commander)	Date

(Machine copy as needed)

AUTHORITY: 1965 PA 203 COMPLIANCE: Voluntary